

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> <u>SAN JOSE POLICE DEPT.</u> Division, Department, or Region (if applicable) <u>POLICE - BOMB SQUAD</u> Designated Agency Contact (Name, Title) <u>SGT. ROB LANG</u> Area Code/Phone Number <u>408-476-8709</u> E-mail <u>3279@SANTOSECA.GOV</u>		Date Stamp <u>San Jose City Clerk</u> <u>Free 10M</u> <u>2017 MAR 13 AM 11:58</u>	<b>California Form 802</b> For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
---	--	--	---

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 72.50

Event Description: BLAKE SHELTON CONCERT Date(s) 3, 10, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: LT CHRIS MONAHAN  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>SJPD BOMB SQUAD</u>	<u>8</u>	
<u>SJPD EXPLOSIVE K-9</u>	<u>8</u>	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

LT. JEFF PROFFO #3295 LT. JEFF PROFFO LIEUTENANT 3-9-2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)  
 Comment: \_\_\_\_\_